



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>	Docket Number (Optional)  2880P005X
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In re Application of <b>Bruce Tribbensee</b>	
Application Number <b>09/733,274</b>	Filed <b>12/7/2000</b>
For <b>A METHOD AND APPARATUS FOR A USER TO EXECUTE ACTIONS REMOTELY USING A</b>	
Group Art Unit <b>2163</b>	Examiner <b>Thai, Hanh B</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Request for Continued Examination (RCE) in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$450	\$225	
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$1020	\$510	\$510.00
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$1590	\$795	
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$2160	\$1080	

☐ Applicant claims small entity status. See 37 CFR 1.2712/22/2006 BABRAHA1 00000059 022666 09733274

☐ A check in the amount of the fee is enclosed. 02 FC:2253 510.00 DA

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 39,393.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 39,393.

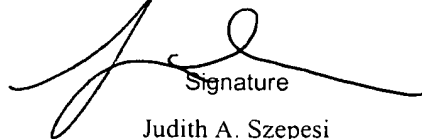
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.**

December 15, 2006

Date

(408) 947-8200

Telephone Number

  
Signature

Judith A. Szepesi

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.